



# McHenry County

## Application for Employment

Return to: Human Resources Department

2200 N. Seminary Avenue

Telephone: (815) 334-4220

Woodstock, Illinois 60098

Facsimile: (815) 334-4648

Website: [www.co.mchenry.il.us](http://www.co.mchenry.il.us)

*"Dedicated to serving McHenry County by developing and supporting our most important resource...our people."*

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, veteran status, or physical/mental impairments unrelated to ability to perform essential job functions. We welcome you as an applicant for employment.

***Please Print***

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_  
Date

### SECTION I - GENERAL INFORMATION

Name: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

Address: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Home Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax : ( ) \_\_\_\_\_

Have you previously worked for McHenry County? ☐ Yes ☐ No If yes, give date(s): \_\_\_\_\_

Are you available for: ( ) Full-time ( ) Part-time ( ) Temporary/Seasonal Work

What date would you be available for work? \_\_\_\_\_

Are you legally eligible for employment in this country? ☐ Yes ☐ No (Proof of U.S. Citizenship or Immigration status will be required upon employment.)

If you are under 18 years of age, can you provide required proof of your ability to work? ☐ Yes ☐ No

Are you able to perform the essential duties of the position for which you are applying safely and effectively? ☐ Yes ☐ No

Do you have any relatives currently employed by McHenry County? ☐ Yes ☐ No

If yes, please provide name(s) and position(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION II - BACKGROUND INFORMATION

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: (Conviction will not necessarily disqualify an applicant from employment. Factors such as age, time of the offense, seriousness and nature of the offense, rehabilitation and job-relatedness will be considered. Applicant is not obligated to disclose sealed or expunged records of conviction or arrest.)

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Are there any felony charges pending against you? ☐ Yes ☐ No If yes, please explain:

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## SECTION III - EDUCATION, TRAINING, CERTIFICATES & LICENSES

Schools	Name and Location	Graduate Yes/No	Major/Minor Course Work	Type of Degree Received
High School				
College				
University				
Graduate or Professional				
Other educational, vocational school, internships, etc.				

## SECTION IV - PROFESSIONAL REFERENCES

List four persons who are not related to you who have knowledge of your business or professional qualifications for the position. Do not repeat names of supervisors listed under employment history.

Name	Occupation	Address	Phone	Years Known
Name	Occupation	Address	Phone	Years Known
Name	Occupation	Address	Phone	Years Known
Name	Occupation	Address	Phone	Years Known

## SECTION V - EMPLOYMENT EXPERIENCE

- In this section, be sure to describe any education, training, and experience you have which provides the required knowledge, skills and abilities to perform the essential functions of the position for which you are applying.
- If a supplemental application, resume, certification or other information is required, it should accompany this application.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years.
- A resume, while strongly encouraged, is not a substitute for this application unless otherwise noted in the job posting.

Job Title:	Start Date:	End Date:
Employer:	Phone: (     )	
Employer Address:		
If this is your current employer may we contact them if you become a finalist for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor:	Phone: (     )	
Starting Salary:	Ending Salary:	Reason for Leaving:
Duties and Responsibilities:		

Job Title:	Start Date:	End Date:
Employer:	Phone: (     )	
Employer Address:		
Supervisor:	Phone: (     )	
Starting Salary:	Ending Salary:	Reason for Leaving:
Duties and Responsibilities:		

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Employer:	Phone: (     )	
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Starting Salary:	Ending Salary:	Reason for Leaving:
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Employer:		Phone: (     )	
Employer Address:			
Supervisor:		Phone: (     )	
Starting Salary:	Ending Salary:	Reason for Leaving:	
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Job Title:		Start Date:	End Date:
Employer:		Phone: (     )	
Employer Address:			
Supervisor:		Phone: (     )	
Starting Salary:	Ending Salary:	Reason for Leaving:	
Duties and Responsibilities:			

## SECTION VI - MILITARY EXPERIENCE

Have you previously served in the military? ☐ Yes ☐ No (If yes, a copy of form DD-214 must accompany this application.)

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

## SECTION VII - SIGNATURE AND RELEASE

I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the County has the right to refuse to hire or immediately discharge me, at any time if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

I authorize the County and its agents, including authorized third parties to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the County or its representatives, to release to the County any information they have regarding me without providing written notice to me. I authorize the County to use any information in its possession concerning me for any purpose it deems appropriate. This includes disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the County from any liability in connection with such use or disclosure.

I understand that if I am hired by the County, I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment. I acknowledge that these rules, regulations, policies, procedures and other terms and conditions may change from time to time, with or without notice to me. I also understand that this application is not a contract of employment and that employment may be contingent upon passing a drug test, criminal history/reference check or psychological/physical exam.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date